



Evaluation Plan
Continuous Quality Improvement (CQI) Review of Clinical Records Form
(to be completed, signed, and submitted at certification renewal)

<p>Review of Clinical Records:</p>	<ol style="list-style-type: none"> 1. Agency: Arrange a review of your clinical records, to be conducted by a qualified clinician, of your agency's clinical records, utilizing this form. 2. (Recommendation: The Division recommends you do a random 5-10% case sampling on a quarterly basis.) 3. Reviewer: Check off (√) each circle below as demonstration of the agency's compliance. Do not check mark items for which clinical records are not in compliance. When items are specific to levels of care not provided, please indicate 'NA' over the circle. 4. Reviewer: Sign and date at the end of this form. 5. Agency: Prepare your agency's written plan to implement improvements and report to the Division. Write a summary (space is provided in the final section of this form before the signature/date lines) outlining the steps your agency will take to improve the quality of services for clients prior to the next renewal of state certification. Address all items for which you are found to not currently be in compliance with. 6. Agency: Sign and date at the end of this form.
<p>Client Confidentiality and Consents Ch.4, Section 2 and Ch 2, Section 2</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Each client reviews and signs a statement showing that confidentiality was explained to them that they understand what information is protected and under what circumstance information can or cannot be released; <input type="checkbox"/> The program utilizes consent for treatment forms signed by the client and legal guardian, if applicable; <input type="checkbox"/> The program has developed rules governing the treatment process, and the client and legal guardian, if applicable signed a form showing that they understand the rules and accept them. The rules detail the type of infractions or conditions that must occur for a client to be terminated from a program. Appropriate consequences are documented in regard to rule infractions that do not require immediate termination, and are addressed in the



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	<p>client’s individualized treatment plan with appropriate timeframes for clients to address infractions prior to termination;</p> <ul style="list-style-type: none"> <input type="checkbox"/> The program has an acknowledgment by the client and legal guardian that the service admission policies and procedures were explained, if applicable; <input type="checkbox"/> The program has a copy of the signed and dated client rights form that was reviewed with and provided to the client and legal guardian, if applicable; <input type="checkbox"/> A copy of documentation of the sliding fee agreement is included, if private agency has one (private, non-contracted providers – it is not required); however, per Chapter 2, Section 2 (b), <u>Financial Protocols</u>, all certified programs must offer a reasonable payment plan, which takes into account the client’s income, resources, and dependents. A client is not to be terminated for non-payment without it being addressed as part of treatment with a reasonable timeframe for resolution of the issue. <input type="checkbox"/> The program has a client grievance procedure. The client and legal guardian, if applicable, sign a form showing that they understand the procedures for filing a complaint. At a minimum, the procedure includes review by the Executive Director of the program and review by the governing board, when applicable. If the client is not satisfied with the result of this process, the client can make a formal complaint in writing to the Division.
<p>Case Management Ch.4, Section 4</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The program has a written plan for providing dedicated case management services to clients and their families in conjunction with or as part of the client’s substance abuse treatment; <input type="checkbox"/> Case management services are provided directly or through memorandum of agreement among multiple agencies or programs;



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	<ul style="list-style-type: none"><input type="checkbox"/> Case management services are designed and documented in the treatment plan, when applicable, to provide goal-oriented and individualized support focusing on improved self-sufficiency for the client through life skill functional assessment, planning, linkage, advocacy, referral, coordination, transportation, monitoring activities, and crisis intervention, and may provide other supportive services when allowed by and communicated with the treatment program.<input type="checkbox"/> In cases involving domestic/family violence, these services include safety factors and safe environmental options;<input type="checkbox"/> Special emphasis is placed on coordinating with other programs, including, but not limited to, education institutions, vocational rehabilitation, and work force development services to enhance the client’s skill base, chances for gainful employment, and options for independent functioning;<input type="checkbox"/> The program collaborates with other agencies, programs, and services in the community to meet individual client needs occurs when needed;<input type="checkbox"/> During the course of treatment, whenever the primary clinical staff person deems clinically appropriate, with the informed consent of the client and, if applicable, legal guardian, a team is assembled, when possible, including, when applicable, the client, family members, friend, support person(s), and others from the community whose profession or resources permits them to contribute to a network of supporters to assist the client in his or her recovery. The membership of the team is based on the needs of the client. Team members are asked to provide specific assistance for a defined period of time. The primary clinical staff person takes the responsibility to
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	<p>monitor the client’s progress under the plan and to make periodic adjustments, as necessary.</p>
<p>Screening and Assessment Ch.4, Section 6</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The program, at a minimum, completes a nationally recognized withdrawal assessment tool such as the Clinical Institute Withdrawal Assessment (CIWA-R) for alcohol for screening clients at risk of experiencing withdrawal symptoms, if indicated. The program utilizes this instrument to determine if referral for detoxification services is indicated; <input type="checkbox"/> The program utilizes the Addiction Severity Index (ASI) as well as comprehensive information regarding the client’s bio-psychosocial and spiritual needs in the assessment of the client; <input type="checkbox"/> Assessments are only completed by a qualified clinical staff person who is credentialed through the Wyoming Mental Health Professions Licensing Board; <input type="checkbox"/> Programs serving adolescents utilize an assessment tool which includes the following domains: medical, criminal, substance use, family, psychiatric, developmental, academic, and intellectual capacity; physical and sexual abuse; and peer, environmental cultural history, including assessment and suicidal and homicidal ideation. <input type="checkbox"/> The program utilizes the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM); <input type="checkbox"/> The program utilizes the most current version of the American Society of Addiction Medicine (ASAM) criteria; ASAM dimensional criteria for each domain are addressed in the assessment of the client’s need for treatment; <input type="checkbox"/> The program develops a diagnostic statement summarizing the assessment elements to assure clarity of client need and treatment recommendations; <input type="checkbox"/> The program adequately assesses the client’s need for case management; <input type="checkbox"/> When a client is transferred from another program and an assessment has been completed, the program completes a transfer note showing that the assessment information was reviewed. Further, the program determines if the client needs are congruent with the assessment and makes adjustments to treatment recommendations, if applicable;



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<p>ASAM Continued Stay, Transfer and Discharge Criteria Ch.4, Sections 7, 11, 12, 13, 16</p>	<ul style="list-style-type: none"> <input type="checkbox"/> All applicable forms are signed and dated; <input type="checkbox"/> ASAM dimensions are utilized to determine current level of care; <input type="checkbox"/> ASAM dimensions are utilized to determine if the client should be transferred or discharged from the current level of treatment; <input type="checkbox"/> Considers the continued effectiveness of and progress in treatment, through utilization of ASAM dimensions and severity rating; <input type="checkbox"/> <i>Outpatient Treatment Services (all of above, plus):</i> ASAM dimensional criteria is reviewed by clinical staff person responsible for treatment whenever the clients condition changes significantly per Chapter 4, Section 6, of the Wyoming Standards. <input type="checkbox"/> <i>Intensive Outpatient Treatment Services (all of above, plus):</i> ASAM dimensional criteria is reviewed by clinical staff person responsible for treatment whenever the clients condition changes significantly per Chapter 4, Section 6, of the Wyoming Standards. And, at a minimum, dimensional criteria is reviewed with support documentation at least one (1) time monthly. Severity is rated for each dimension with sufficient documentation showing justification of level of care recommendations. <input type="checkbox"/> <i>Day Treatment Services (all of above, plus):</i> ASAM dimensional criteria is reviewed by clinical staff person responsible for treatment whenever the clients condition changes significantly per Chapter 4, Section 6, of the Wyoming Standards. And, at a minimum, dimensional criteria is reviewed with support documentation at least one (1) time every two (2) weeks. Severity shall be rated for each dimension with sufficient documentation showing justification for level of care recommendations. <input type="checkbox"/> <i>Residential Treatment Services (all of above, plus):</i> ASAM dimensional criteria is reviewed by clinical staff person
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	<p>responsible for treatment whenever the clients condition changes significantly per Chapter 4, Section 6, of the Wyoming Standards. And, at a minimum, dimensional criteria is reviewed with support documentation at least one (1) time every two (2) weeks. Severity shall be rated for each dimension with sufficient documentation showing justification for level of care recommendations.</p> <p><input type="checkbox"/> All applicable forms are signed and dated.</p>
<p>Progress Notes Ch.4, Section 8</p>	<p><input type="checkbox"/> Progress notes document the condition of the client and progress or lack of progress toward specified treatment goals are detailed enough to allow a qualified person to follow the course of treatment.</p> <p><input type="checkbox"/> Progress notes document any significant events, including, but not limited to, program rule violations and no shows.</p> <p><input type="checkbox"/> Progress notes for individual sessions are completed for each treatment session;</p> <p><input type="checkbox"/> Progress notes for clinical groups are completed at least weekly with dates of services documented as part of the group progress note;</p> <p><input type="checkbox"/> Progress notes are signed and dated by the staff providing services to the client.</p>
<p>Therapies and Interventions <i>(Outpatient, Intensive Outpatient, Day Treatment)</i> Ch.4, Sections 11, 12, 13</p>	<p><input type="checkbox"/> <i>Outpatient Treatment Services:</i> Intervention services per ASAM description involve skilled treatment services, which include, but are not limited to, individual and group counseling, as indicated by client need, family therapy, educational groups, occupational and recreational therapy, psychotherapy or other therapies, as indicated by client need;</p> <p><input type="checkbox"/> Services are provided in an amount, frequency and intensity appropriate to the client’s individualized treatment plan;</p> <p><input type="checkbox"/> Motivational enhancement and engagement strategies are used in preference to confrontational approaches;</p>



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	<ul style="list-style-type: none"><input type="checkbox"/> For clients with mental health problems, the issues of psychotropic medication, mental health treatment and their relationship to substance abuse disorders are addressed, as the need arises;<input type="checkbox"/> Programs that provide co-occurring treatment offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance-related disorders; there may be close coordination with intensive case management and assertive community treatment for clients who have serious and persistent mental illness;<input type="checkbox"/> <i>Intensive Outpatient Treatment Services (all of above, plus):</i> Family therapy is utilized when indicated by client needs, involving family members, guardians and/or significant others(s) in the assessment, treatment and continuing care of the client;<input type="checkbox"/> A planned format of therapies is delivered on an individual and group basis and adapted to the client’s developmental stage and comprehension level;<input type="checkbox"/> <i>Day Treatment Services:</i> Services include, but are not limited to, individual and group counseling, as indicated by client needs, medication management, educational groups, occupational and recreational therapy, and other therapies, as indicated;<input type="checkbox"/> Family therapy is utilized when indicated by client needs, involving family members, guardians and/or significant others(s) in the assessment, treatment and continuing care of the client;<input type="checkbox"/> A planned format of therapies is delivered on an individual and group basis and adapted to the client’s developmental stage and comprehension level;<input type="checkbox"/> Motivational enhancement and engagement strategies are used in preference to confrontational approaches;
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<p>Therapies and Interventions <i>(Residential)</i> Ch.4, Section 16</p> <p><i>Indicate 'NA' if this section pertaining to residential care is not applicable: _____</i></p>	<ul style="list-style-type: none"><input type="checkbox"/> <i>Residential Treatment Services:</i> Physician reviews and documents the medical status of a client within forty-eight (48) hours after admission;<input type="checkbox"/> Clinical and wrap around services shall be provided to improve the resident's ability to structure and organize the tasks of daily living and recovery;<input type="checkbox"/> Planned clinical program activities are provided to stabilize and maintain stabilization of the resident's substance dependence symptoms and to help her develop and apply recovery skills;<input type="checkbox"/> Activities include relapse prevention, interpersonal choices and development of social network supportive of recovery;<input type="checkbox"/> Counseling and clinical monitoring are provided to promote successful initial involvement or re-involvement in regular, productive daily activity, such as indicated, successful reintegration into family living;<input type="checkbox"/> Random drug testing is administered when indicated;<input type="checkbox"/> Services include, but are not limited to, a range of cognitive, behavioral and other therapies based on client needs;<input type="checkbox"/> For clients with mental health problems, the issues of psychotropic medication, mental health treatment and their relationship to substance abuse disorders are addressed, as the need arises;<input type="checkbox"/> Programs that provide co-occurring treatment offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance-related disorders;<input type="checkbox"/> When applicable, there is close coordination with intensive case management and assertive community treatment for clients who have severe and persistent mental illness.
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<p>Individualized Treatment Planning <i>(Outpatient, Intensive Outpatient, Day Treatment)</i> Ch.4, Sections 11, 12, 13</p>	<ul style="list-style-type: none"><input type="checkbox"/> Treatment plans are completed in conjunction with the initiation of treatment;<input type="checkbox"/> Initial treatment plans are developed with the client; the client and clinical staff responsible for the course of treatment sign the initial treatment plan, if possible;<input type="checkbox"/> Treatment plans are developed utilizing the assessment information, including ASAM dimensional criteria and the DSM diagnoses;<input type="checkbox"/> Treatment plans document outcome driven goals that are measurable; plans specify the changes in the client’s symptoms and behaviors that are expected during the course of treatment for the current level of service the client is in and are expressed in measurable and understandable terms; the goals describe improved functioning level of the client utilizing ASAM dimensional criteria;<input type="checkbox"/> Treatment plans integrate mental health issues, if identified as part of the assessment process, or at any point during the continuum of treatment;<input type="checkbox"/> Treatment plans reviews are evaluated throughout the continuum of care based on client progress or lack of progress toward goals per ASAM continued stay, transfer and discharge criteria; modifications are made as clinically indicated;<input type="checkbox"/> Treatment plan reviews include a written description within the client record of degree of progress or lack of progress for each stated goal and can be completed within the progress notes or as part of an ASAM dimensional criteria review form;<input type="checkbox"/> Treatment plans list action statements that describe the steps the client will take to meet each stated goal;<input type="checkbox"/> The provider develops a single, individualized work plan when the client is receiving services from other human services agencies, including, but not limited to, the
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	<p>Department of Education, Department of Family Services, department of Workforce Services, or Department of Corrections. The treatment plan is comprehensive and includes goals and services developed in collaboration with the client, the client’s family, where feasible, and other human service agencies serving the client’s overall function level.</p> <p><input type="checkbox"/> All applicable forms are signed and dated.</p>
<p>Individualized Treatment Planning <i>(Residential)</i> Ch.4, Section 16</p> <p><i>Indicate ‘NA’ if this section pertaining to residential care is not applicable: _____</i></p>	<p><input type="checkbox"/> <i>Residential Treatment Services:</i> An initial treatment plan is completed within one (1) week of the initial assessment focusing on stabilization of the client; treatment plan goals must be more individualized and measurable as the client stabilizes;</p> <p><input type="checkbox"/> Initial treatment plans are developed with the client; the client and clinical staff responsible for the course of treatment sign the initial treatment plan;</p> <p><input type="checkbox"/> Treatment plans are developed utilizing the assessment information, including ASAM dimensional criteria and the DSM diagnoses;</p> <p><input type="checkbox"/> Treatment plans document outcome driven goals that are measurable; plans specify the changes in the client’s symptoms and behaviors that are expected during the course of treatment for the current level of service the client is in and are expressed in measurable and understandable terms; the goals describe improved functioning level of the client utilizing ASAM dimensional criteria;</p> <p><input type="checkbox"/> Treatment plans integrate mental health issues, if identified as part of the assessment process, or at any point during the continuum of treatment;</p> <p><input type="checkbox"/> Treatment plans reviews are evaluated throughout the continuum of care based on client progress or lack of progress toward goals per ASAM continued stay, transfer</p>



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	<p>and discharge criteria; modifications are made as clinically indicated;</p> <ul style="list-style-type: none"> <input type="checkbox"/> Treatment plan reviews are completed throughout the course of treatment based on client progress or lack of progress toward goals per ASAM continued stay, transfer and discharge criteria; modifications are made as clinically indicated; the review includes a written description within the client record of degree of progress or lack of progress for each stated goal (can be completed within the progress notes or part of an ASAM dimensional criteria review form); <input type="checkbox"/> Treatment plans list action statements that describe the steps the client will take to meet each stated goal; <input type="checkbox"/> Treatment plans are comprehensive and include goals regarding services provided by other agencies that are relevant to the client’s overall functioning level; <input type="checkbox"/> The provider develops a single, individualized work plan when the client is receiving services from other human services agencies, including, but not limited to, the Department of Education, Department of Family Services, department of Workforce Services, or Department of Corrections. The treatment plan is comprehensive and includes goals and services developed in collaboration with the client, the client’s family, where feasible, and other human service agencies serving the client’s overall function level. <input type="checkbox"/> All applicable forms are signed and dated.
<p>Internal CQI Report:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Please summarize how your agency will use the information gained in conducting this internal CQI of clinical records. Indicate the steps you will take to improve the quality of services to clients, including addressing all items for which you are not currently in compliance with:



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Reviewing Clinician:	Signature _____ Date _____
Agency Director:	Signature _____ Date _____



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The Division always reserves the right to conduct unannounced or announced on site visits.